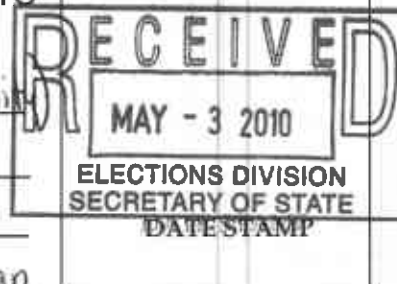


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Initiative Monthly Report

Name of Committee MS Republican Party (Voter ID Activity)  
Address P.O. Box 60 Jackson, MS 39205  
Telephone 601 948 5191 Fax 601 354 0972  
Director Brad White Treasurer Arnie Hederman



☐ Check here if above is different from previous report

## TYPE OF REPORT

February (Month), 2010 Monthly Report (due 10<sup>th</sup> of following Month) ..... Mandatory

Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation)

Required to terminate reporting obligations

## IMPORTANT

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5000 <sup>00</sup> + \$ 0 <sup>00</sup>	\$ 5000 <sup>00</sup>	\$ 16,500 <sup>00</sup>
Total amount of disbursements	\$ 5423 <sup>86</sup> + \$ 0 <sup>00</sup>	\$ 5423 <sup>86</sup>	\$ 16,975 <sup>44</sup>
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-355-1499 or 601-576-2819.

Name of Candidate or Committee MS Republican Party (Voter ID Activity)  
Reporting period 2-1-10 through 2-28-10

## ITEMIZED DISBURSEMENTS

A. Full name <u>Jeppie Barbour</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>225 Grand Ave</u>	<u>2/8/10</u>	\$ <u>1160.76</u>
City, State, Zip Code <u>Yazoo City, MS 39194</u>	<u>2/15/10</u>	\$ <u>1000.00</u>
Purpose of Disbursement (Optional) <u>Photo Voter ID Director</u>	Aggregate Year-to-date	\$
B. Full name <u>Jeppie Barbour</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>225 Grand Ave.</u>	<u>2/26/10</u>	\$ <u>125.10</u>
City, State, Zip Code <u>Yazoo City, MS 39194</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Photo Voter ID Director</u>	Aggregate Year-to-date	\$ <u>7926.84</u>
C. Full name <u>John Morgan Hughes</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 4579</u>	<u>2/3/10</u>	\$ <u>110.00</u>
City, State, Zip Code <u>Mississippi State, MS 39762</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Photo Voter ID Efforts</u>	Aggregate Year-to-date	\$ <u>286.00</u>
D. Full name <u>Mallory Lambert</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>108 Novara Trail</u>	<u>2/5/10</u>	\$ <u>248.00</u>
City, State, Zip Code <u>Madison, MS 39110</u>	<u>2/15/10</u>	\$ <u>244.00</u>
Purpose of Disbursement (Optional) <u>Photo Voter ID Assistant</u>	Aggregate Year-to-date	\$ <u>1600.32</u>
E. Full name <u>Tom Lord</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 14133</u>	<u>2/5/10</u>	\$ <u>440.00</u>
City, State, Zip Code <u>Jackson, MS 39236</u>	<u>2/15/10</u>	\$ <u>312.00</u>
Purpose of Disbursement (Optional) <u>Photo Voter ID Assistant</u>	Aggregate Year-to-date	\$ <u>2771.25</u>
F. Full name <u>Mississippi Secretary of State</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 136</u>	<u>2/10/10</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Filing Fee / Initiative 27</u>	Aggregate Year-to-date	\$ <u>500.00</u>

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 Name of Candidate or Committee MS Republican Party (Voter ID Activity)  
 Reporting period 2-1-10 through 2-28-10

## ITEMIZED DISBURSEMENTS

A. Full name	David Morris	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	314 N. 37th Ave	2/22/10	\$ 784 <sup>00</sup>
City, State, Zip Code	Hattiesburg, MS 39401	__/__/__	\$
Purpose of Disbursement (Optional)	Photo Voter ID Statewide Mileage	Aggregate Year-to-date	\$ 784 <sup>00</sup>
B. Full name	The Magee Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 338	2/19/10	\$ 500 <sup>00</sup>
City, State, Zip Code	Magee, MS 39111	__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 500 <sup>00</sup>
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__/__/__	\$
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__/__/__	\$
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__/__/__	\$
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		__/__/__	\$
City, State, Zip Code		__/__/__	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee

MS Republican Party (Voter ID Activity)

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of 3

Reporting period

2-1-10

through 2-28-10

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		2/26/10	\$5000 <sup>00</sup>
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$5000 <sup>00</sup>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$